

How to Improve Patient Safety in
Nursing Homes

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FOCUS 2012:
Breakout Session: 12:30-2:00 PM
Breakout Session: 2:30-4:00 PM
November 28, 2012

Stratis Health

Stratis Health is an independent, nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities. We've worked to improve health care quality for more than 40 years.

What is AHRQ?

- The Agency for Healthcare Research and Quality's (AHRQ) mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

AHRQ Survey Background

To support healthcare quality and quality improvement across continuum

- Hospital
- Medical Office
- Nursing Home
- Pharmacy

Overview

- What do we mean by “Safety Culture” and why is it important?

Institute of Medicine:
To Err is Human

“The problem is not bad people;
the problem is that the system needs to be made safer.”



Institute of Medicine. (2000). *To Err is Human: Building a Safer Health System*.

Institute of Medicine:
Crossing the Quality Chasm

“The biggest challenge to moving toward a safer health system is **changing the culture** from one of blaming individuals for errors to one in which errors are treated not as personal failures, but as opportunities to improve the system and prevent harm.”

Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*



Culture of Safety

“An integrated pattern of individual and organizational behavior, based upon shared beliefs and values, that continuously seeks to minimize patient harm that may result from the processes of care delivery.”

Institute Of Medicine (2004). *Patient Safety: A New Standard for Care*



Culture is ...

“The way we do things around here and why we do them.”



Carroll & Quijada (2004). *Quality and Safety in Health Care*.

<http://www.safetycenter.navy.mil/photo/archive/>



Culture of Safety??

<http://www.safetycenter.navy.mil/photo/archive>

Components of a culture of safety



Culture of Safety

- Four beliefs present in a safe, informed culture
- Our processes are designed to prevent failure
 - We are committed to detect and learn from error
 - We have a just culture that responds based on behavioral choices not outcome
 - People who work in teams make fewer errors

*Institute Of Medicine (2004). *Patient Safety: A New Standard for Care*

Culture of Safety

*In a culture of safety, people are not merely encouraged to work toward change; **they take action** when it is needed.*

Uses of Safety Culture Surveys

- Raise staff awareness about resident/patient safety
- Diagnose and assess the current status of resident/patient safety culture
- Identify strengths and areas for safety culture improvement

Uses of Safety Culture Surveys

- Examine trends of resident/patient safety culture over time
- Evaluate the cultural impact of initiatives and interventions
- Conduct internal and external comparisons

Survey Instrument

AHRQ Surveys on Patient Safety Culture
<http://www.ahrq.gov/qual/patientsafetyculture/>

AHRQ survey advantages

- Free
- Organizational instrument
- Comprehensive and specific
- Easy to use
- Comparisons to national database

Nursing Home Patient Safety Survey

- 42 questions in survey
- 2 additional overall questions
- Background information
- English and Spanish versions
- Takes 15-20 minutes to complete

Survey dimensions

- 1. Teamwork
- 2. Staffing
- 3. Compliance with procedures
- 4. Training and skills
- 5. Non-punitive response to mistakes
- 6. Handoffs

Survey dimensions

- 7. Feedback and Communication about Incidents
- 8. Communication Openness
- 9. Supervisor Expectations & Actions Promoting Resident Safety

Survey Dimensions

- 10. Overall Perceptions of Resident Safety
- 11. Management Support for Resident Safety
- 12. Organizational Learning
- 13. Overall Ratings

Answer Scale

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Does Not Apply
- Don't Know

Teamwork

- Staff in this nursing home treat each other with respect.
- When someone gets really busy in this nursing home, other staff help out.

Staffing

- We have enough staff to handle the workload
- Residents' needs are met during shift changes

Compliance with Procedures

- Staff use shortcuts to get their work done faster.
- Staff follow standard procedures to care for residents.

Training and Skills

- Staff get the training they need in this nursing home
- Staff have enough training on how to handle difficult residents

Non-punitive Response to Mistakes

- Staff are afraid to report their mistakes
- Staff are treated fairly when they make mistakes

Handoffs

- Staff are told what they need to know before taking care of a resident for the first time.
- We have all the information we need when residents are transferred from the hospital

Feedback & Communication about Incidents

- In this nursing home, we talk about ways to keep incidents from happening again
- Staff tell someone if they see something that might harm a resident

Communication Openness

How often do the following things happen in your nursing home?

- Staff ideas and suggestions are valued in this nursing home
- It is easy for staff to speak up about problems in this nursing home

Supervisor Expectations & Actions
Promoting Resident Safety

- My supervisor pays attention to resident safety problems in this nursing home
- My supervisor listens to staff ideas and suggestions about resident safety

Management Support for Resident
Safety

- How much do you agree or disagree with the following statement?
- Management listens to staff ideas and suggestions to improve resident safety
 - Management often walks around the nursing home to check on resident safety

Organizational Learning

- How much do you agree or disagree with the following statements?
- This nursing home is always doing things to improve resident safety
 - It is easy to make changes to improve resident safety in this nursing home

Overall ratings

- I would tell friends that this is a safe nursing home for their family
- Please give this nursing home an overall rating on resident safety

Background Information

- Job category
- Length of service
- How many hours per week do you usually work ?
- What shift?
- Agency staff

Background Information

- Do you work directly with residents most of the time?
- Where do you spend most of your time working? Specific unit
- Comments

Survey Results

1. Staff position in the nursing home:

- % Administrator/Manager
- % Physician (MD, DO)
- % Other Provider
- % Licensed Nurse
- % Nursing Assistant/Aide
- % Direct Care Staff
- % Administrative Support Staff
- % Support Staff
- % Other

Overall Perceptions of Resident Safety

Survey Items

| % | % | % | |
|----------|---------|----------|--|
| Strongly | Neither | Strongly | |
| Disagree | | Agree/ | |
| / | | Agree | |
| Disagree | | | |

| | | | |
|---|----|----|----|
| 1. Residents are well cared for in this nursing home. (D1) | 10 | 15 | 75 |
| 2. This nursing home does a good job keeping residents safe. (D6) | 10 | 15 | 75 |
| 3. This nursing home is a safe place for residents. (D8) | 10 | 15 | 75 |

Staffing

Survey Items

| % | % | % | |
|-----------|---------|----------|--|
| Strongly | Neither | Strongly | |
| Disagree/ | | Agree/ | |
| Disagree | | Agree | |

| | | | |
|--|----|----|----|
| 1. We have enough staff to handle the workload. (A3) | 5 | 20 | 75 |
| 2. Staff have to hurry because they have too much work to do. (A8) | 75 | 20 | 5 |
| 3. Residents' needs are met during shift changes. (A16) | 5 | 20 | 75 |
| 4. It is hard to keep residents safe here because so many staff quit their jobs. (A17) | 75 | 20 | 5 |

Common areas of strength and need of improvement

Strengths

- Teamwork within units
- Management support for safety
- Manager actions promoting safety

Need for Improvement

- Non-punitive response to error
- Handoffs and Transitions
- Communication openness
- Staffing

Common Areas for Improvement

Nursing Homes

- Non-punitive response to Mistakes
- Communication Openness
- Staffing
- Management Support for Resident Safety

Hospitals

- Non-punitive Response to Mistakes
- Hospital Handoffs and Transitions
- Communication Openness
- Staffing

Overview

- You have results – what next?
 - Understanding and communicating results
 - Prioritizing areas for action
 - Strategies/interventions
 - Change is hard!
- Learn from your colleagues

Use safety culture survey results to START conversation

- Example:
“The survey results show XXX. Can you tell me more about what that may mean to you?”
- Consider comparisons between staff types or work areas
- Look at individual questions and compare gaps between beliefs and behaviors

Appreciative Inquiry: One approach to learning from staff

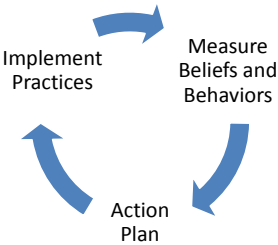
Three Questions:

1. What is working well?
2. What could be better?
–What would ‘better’ look like?
3. How do we get to “better”?
–What ideas do you have?

Using the results

- Safety culture survey results should drive dialogues about “what it means to have a safety culture”
- Interventions need to match results
- Best interventions or changes support the organization’s aim (*how does the organization describe its safe state?*)

Engage in Continuous Improvement



Communicate Results!

- Leadership/Management
- Staff: If they took the survey, let them know the results!
- Messages may be different for different audiences



Standards of Effective Communication

- Complete
- Clear
- Brief
- Timely
- Continuous

Prioritizing for Action

- Consider how challenges align with other initiatives/needs
- Focus on strategies that may address more than one area
- A couple of approaches...

Four Components of Safety Culture

A culture of safety is informed. It never forgets to be afraid...

Reason, J. (1997). *Managing the Risks of Organizational Accidents*.

Battles et al. (2006). Sense making of patient safety risks and hazards.

Jones and Skinner (2009). Building Infrastructure for Safety and Quality. Interpreting SOPS Results



Strategies and Interventions

What is your organization doing?



Strategies and Interventions

Interventions that are considered influential:

- Teamwork training (Team STEPPS)
- Structured communications
- Executive/Management walk rounds
- Just Culture
- Person Centered Care Principles

Change is Hard!

Kotter’s Model for Change:

- Create a sense of urgency
- Pull together a ‘guiding coalition’
- Develop a vision and strategy
- Communicate the vision
- Empower action
- Generate short-term wins
- Consolidate gains and produce more wins
- Anchor new approaches in the culture

John P. Kotter. *Leading Change*. Harvard Business Press (1996)



<http://www.code-muse.com/blog/?p=27>

Metastar

How Metastar supports you and the AHRQ
Patient Safety Survey.

Questions?

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